Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN010H	A. BUILDING _____ B. WING _____	12/30/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LYON MEDICAL CENTER	P.O. BOX 940 YERINGTON, NV 89447

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	Initial Comments This Statement of Deficiencies was generated as a result of a State licensure survey of the facility on 12/30/08. The survey was conducted simutaneously with the Medicare revisit survey. The survey was conducted using Nevada Administrative Code (NAC) 449, Skilled Nursing Facilities Regulations, adopted by the Nevada State Board of Health on August 4, 2004. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	Z 000		
Z 12	NAC 449.74419 Committee for quality assurance 3. The committee shall: (a) Meet at least quarterly to identify problems and concerns related to the care provided to patients for which corrective actions are necessary; and (b) Adopt and carry out appropriate plans of action to correct the problems and concerns that are identified. This Regulation is not met as evidenced by: Based on record review, interview and the findings of the 11/5/08 recertification survey, the facility failed to develop and implement a plan of action to identify and correct problems related to the pre-screening of residents to ensure that the facility can meet the residents care needs through their Quality Assurance program.	Z 12		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z 12	Continued From page 1 Findings include: An interview was conducted on 12/30/08 at 1:30 PM with the Risk Manager and Director of Patient Care Services (DPCS) in reference to the facility's admission screening process. The two employees were asked if the facility, through their Quality Assurance (QA) program, had developed a formal admission screening process to assist in determining the appropriateness of admissions. Their response was no. They stated a nursing investigative team had been created in response to their past survey citations but that the findings were not relayed to QA for review. The DPCS was questioned regarding an admission from 11/5/08 Resident #5. (See Tag F 221.) She was asked if she felt Resident #5 was appropriate for the facility. Her response was "it has been difficult at times and that the facility staff was doing the best that they could." When asked if she felt the resident was getting needed care for her mental illness she reported there was no mental health practitioner in the community and that the facility had attempted to find mental health services, but was unsuccessful. She stated the resident required care that the facility was unable to provide. When asked what criteria were used in determining Resident #5's admission she stated "it was based on a personal relationship with the resident and did not follow a set criteria." On 12/30/08 at 1:40 PM the Risk Manager was interviewed. She reported the QA meetings were not being used to identify issues and solutions related to resident behaviors or the screening of individuals prior to admission to ensure the facility is capable to meet all care needs on an individual basis. She reported the committee has never	Z 12		

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Z 12	Continued From page 2 discussed admission criteria or behavior issues. She stated the QA committee does not work to resolve nursing issues related to the skilled nursing facility because they have their own committees. Cross reference Tag Z295 - Physical Restraints Severity 2 Scope 2	Z 12		
Z295	NAC 449.74489 Physical or Chemical restraint of Patients 1. A facility for skilled nursing shall not use physical or chemical restraints on a patient to discipline the patient or for the convenience of members of the staff. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure the use of physical restraints was required to treat the medical symptoms and not for staff convenience for 1 of 8 residents. (#5) Findings include: Resident #5 was admitted to the facility on 11/5/08 with diagnoses including Alzheimer's dementia with behavior disturbances, chronic obstructive pulmonary disease, hypothyroidism and confusion. She was admitted from an assisted living facility; the resident was ambulatory with a walker and stand by assistance. Review of the History and Physical from an acute facility dated 8/24/08, revealed that Resident #5 was admitted to the mental health unit because she was experiencing paranoia, increased confusion, and memory problems. She was diagnosed with cognitive deficits, psychotic	Z295		

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Z295	Continued From page 3	Z295		

disorder and reported visual and auditory hallucinations and paranoia. She was stabilized with medication changes and returned to an assisted living facility. On 11/5/08 she was transferred to this facility because of the need for higher level of care.

Review of the record revealed a physician order dated 11/7/08, that read "may use gerichair with tray for episodes of confusion secondary to no safety awareness related to Alzheimer's with behaviors." A nurse's note dated 11/7/08 documented the following: "Resident asked why she was in prison and she hit her right knee on the tray and shook the tray with her hand. This RN explained why she was in the gerichair and that we were concerned that she may fall and hurt herself. Resident stated, 'that would be fine with me I want to hurt myself so I can end all of this.'" The note indicated that Resident #5 was sent to the Emergency Department for evaluation of suicidal thoughts and was returned later that evening with medication changes.

A note written to Resident #5's MD on 11/24/08 from a registered nurse read "She verbalizes anxieties. 'I'm afraid to be alone, I don't like crowds. I wish they would not put this thing (the tray on the Gerichair) on me, I have claustrophobia, I feel closed in.'"

Nurses notes from 11/7/08 to 12/12/08 document frequent use of the gerichair and on 12/12/08 the nurses notes read "due to not enough staff to assure resident safety tray was put on gerichair. Resident continued to escalate and was given Ativan, which was effective." The last nurses note found in the record was dated 12/19/08.

Review of the Care Plan dated 11/18/08 listed

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Z295	Continued From page 4 Problem #9: Impaired Physical Mobility related to "dementia (restraints?) geri-chair." The Resident Summary dated 12/3/08 read Physical/Chemical Restraints & Resident Response: " Risperdal dose increased 11/24/08 due to increased restless agitation. Ativan ordered 11/24/08 used 4 times last 7 days. As needed use of Gerichair with lap tray for agitation." An interview was conducted on 12/30/08, with the Director of Patient Care Services (DPCS) and the Risk Manager. The DPCS stated "the gerichair was for the patients safety due to poor awareness and that she was never left for long periods of time." She stated that the order for the chair had been discontinued and that the staff was not using it. Review of the "Behavior Charting" document for December 2008 revealed that the original order for gerichair use was still active. On 12/30/08, an interview was conducted with the registered nurse taking care of Resident #5. She stated that the gerichair was no longer used for Resident #5. The behavior charting document showed no entries made for the month of December 2008 although the nurses notes reflected the use of the gerichair in December 2008. Severity 3 Scope 1	Z295		